GIC RETIREE DENTAL ENROLLMENT/CHANGE FORM (FORM-RD)

Commonwealth of Massachusetts
Group Insurance Commission

REQUIRED

INSURED INFORMATION

Insured Information	GIC-ID (usually Soc. Sec. #) – –	Sex ☐M ☐F	Date of Birth / /	Dept. ID # or Agency/Division # /
	Name – Last	First		MI
Address	Street	City	State	Zip
Contact Information	Home Phone ( ) / Cell Phone ( )	Email	Country *(if not USA)*	

Retirement Information	Name of State Agency or Municipality retired from	Do you receive a monthly pension from a public retirement system? ☐Yes ☐No	Date of Retirement / /
Survivor Information	Name of Deceased Employee or Retiree	Deceased Employee's/Retiree's Soc. Sec. # - -	Have you remarried? ☐Yes Date of remarriage___/___ /_____ ☐No

REQUIRED

Select all that apply:

☐ New Enrollment (New Eligibility)
☐ Adding Dependent(s) ☐ Dropping Dependent(s)
☐ Address Change ☐ Name Change
☐ Annual Enrollment

Qualifying Status Change Date of Event: ____ / ____ / _____

☐ Marriage
☐ Birth/Adoption
☐ Divorce/Legal Separation
☐ Change in Dependent Eligibility Status
☐ Gain of Other Coverage
☐ Involuntary Loss of Other Coverage
☐ Death of spouse/dependent
☐ Spouse's Annual Enrollment

RETIREE DENTAL

Effective Date: / 01 /

Coverage Election (check one) ☐ Individual ☐ Family

Cancel ☐ GIC Retiree Dental Coverage

- If you do not sign up for coverage within 60 days of retirement, you will not be able to enroll until the next annual enrollment period, unless you involuntarily lose dental coverage during the year or have a qualifying status change and apply within 60 days of the event.
- If you sign up for coverage and decide to cancel, you can never rejoin the plan.
- If you have family coverage and switch to an individual plan, your spouse and/or your eligible dependents can never rejoin the plan.

List below all family members, including your spouse, who will be covered under your dental plan. Please provide all Social Security Numbers and exact dates of birth for each dependent. Coverage for children ends at age 19; to continue their coverage, complete and return to the GIC a Dependent Age 19 to 26 Enrollment Form if not already submitted for GIC health insurance. The Group Insurance Commission requires you to provide a copy of a marriage certificate, legal separation, divorce decree, or certificate of appointment as legal guardian for each person you list as a dependent.

SPOUSE/DEPENDENT INFORMATION

For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP
☐Add ☐Drop					/ /	☐M ☐F	
☐Add ☐Drop					/ /	☐M ☐F	
☐Add ☐Drop					/ /	☐M ☐F	
☐Add ☐Drop					/ /	☐M ☐F	
☐Add ☐Drop					/ /	☐M ☐F	

FORMER SPOUSE INFORMATION – If Listed Above

Date of Divorce: / /

Are you remarried? ☐Yes ☐No	Date of your remarriage: / /	Has your former spouse remarried? ☐Yes ☐No	Date of former spouse's remarriage: / /
Address: Street		City	State / Zip

SIGNATURE REQUIRED

AUTHORIZATION – I have read the instructions above and direct my pension authority to deduct from my pension check the amount required for the coverage I have selected. I understand that my coverage elections are binding for the duration of the plan year and that I may only enroll in or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, divorce, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation within 60 days of the event.

Signature of Applicant:_____ Date: _____

Signature of Authorized Official: _____ Date: _____

For GIC Use Only	Entered	Verified	Political Subdivision

Return completed form and documentation to the Group Insurance Commission, P.O. Box 8747, Boston, MA 02114